

*Refer to Appropriate Completeness Checklist and Instructions. Provide All Applicable Information.
Please Print or Type (Attach Additional Sheets if Necessary).*

**SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR NJPDES-DSW PERMITS FOR
STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY**

1. Facility Name:				2. NJPDES No. (New application leave blank) NJ _____	
3. The permit application shall include:				A. Site Drainage Map B. Copy of applicable portion of a USGS map(s)	
4. Stormwater Discharge Location					
For each stormwater outfall and each drainage area not served by a stormwater outfall (DANS), list the name of the receiving water(s). For each stormwater outfall, also list the latitude and longitude to the nearest second.					
Stormwater Outfall or DANS Number (list)	Outfall Latitude (deg, min, sec)	Outfall Longitude (deg, min, sec)	Receiving Water(s) (Name)	For Department Use Only USEPA Reach Number	
				Watershed Management Area	
5. Proposed Start Up Date for a New Source or New Discharge (If Applicable):					
6. Corrective or Enforcement Actions at this Facility					
List below all administrative orders (AO), administrative consent orders (ACO), judicial consent orders (JCO), notices of violations (NOV), complaints filed (COMP), or other (OT) corrective or enforcement action(s) required by any governmental agency(ies) with regard to your operation at this facility concerning water pollution within the previous five years (and in earlier years, for open action(s) still in effect).					
Date on Which Agency Imposed Requirement	Type of Action	Name of Agency	Summary of Required Action		
7. Improvements					
Complete this table if you are required by federal, state or local authority to meet any implementation schedule for construction, upgrading or operation of wastewater treatment equipment or practices, connection to a domestic treatment works, or any other environmental programs which may affect the discharges described in this application (or attach a copy of any previous submission you have made to USEPA or the Department containing the same information).					
Identification of Conditions, Agreements, etc.	Affected Outfall or DANS Number	Source of Discharge	Brief Description Of Project	Final Compliance Date	
				Required	Projected

Facility Name:

8. Narrative Description of Pollutant Sources

A. For each stormwater outfall and each DANS, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained, and an estimate of the total surface area drained.

Stormwater Outfall or DANS Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)		Stormwater Outfall or DANS Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)

B. Provide a narrative description of the following on-site features at the facility: significant materials that currently (and in the past, if you have information) have been treated, stored or disposed in a manner to allow exposure to stormwater; method of treatment, storage or disposal of such materials; materials management practices employed currently (and in the past, if you have information) to minimize contact by these materials with stormwater runoff; materials loading and access areas; and the location, manner and frequency in which pesticides, herbicides, soil conditioners and fertilizers are applied.

C. For each stormwater outfall and each DANS, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in stormwater runoff; and a description of the treatment the stormwater receives, including the schedule and type of maintenance for control and treatment measures, and the ultimate disposal of any solid, hazardous, or fluid wastes other than by discharge.

Stormwater Outfall or DANS Number	Control Measures and Treatment	List Codes From Appendix RF-1

Facility Name: _____

9. Nonstormwater Discharges

A. You must test or evaluate the stormwater outfalls and DANS covered by this application for the presence of nonstormwater discharges which are not authorized by a NJPDES permit. If any such nonstormwater discharges are discharged to surface water from a point source, they must be identified in an accompanying or previously submitted application for an individual NJPDES permit or request for authorization under a general NJPDES permit.

B. Provide a description of the method used, the date of any testing, and the onsite drainage locations that were directly observed during a test.

10. Significant Leaks or Spills

Provide existing information you have regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility, including the approximate date and location of the spill or leak, and the type and amount of material released.

11. Discharge Information

SEE ALL INSTRUCTIONS BEFORE PROCEEDING (INCLUDING INSTRUCTIONS FOR ITEMS 11A AND 11B). IF THIS APPLICATION IS FOR A NEW SOURCE OR A NEW DISCHARGE, OR IF THIS APPLICATION INCLUDES SAMPLING DATA COLLECTED AT OTHER FACILITIES AS PART OF A GROUP APPLICATION TO USEPA, THEN DO NOT COMPLETE THE "POLLUTANT ANALYSIS SUMMARY" (PAS) IN ITEMS 11A AND 11B. YOU MUST INSTEAD COMPLETE THE "ALTERNATIVE DISCHARGE INFORMATION FORM" (ADI FORM).

FOR OTHER APPLICATIONS, YOU MAY COMPLETE EITHER THE "POLLUTANT ANALYSIS SUMMARY" (PAS) IN ITEMS 11A AND 11B, OR THE "ALTERNATIVE DISCHARGE INFORMATION FORM" (ADI FORM).

Pollutant Analysis Summary (PAS)**11A. Storm Event Information:**

Complete the following for each storm event sampled at the facility.

Date of Storm Event

Time at the Beginning of the Storm Event

Duration (minutes)

Total Rainfall (inches)

Number of Hours Since Previous Storm Event

Pollutant Analysis Summary (PAS)
(Continued)**RF**

Facility Name: _____

11B. Pollutant Information:

For every stormwater discharge location listed in Item 4, provide the following information, and complete Tables 11B-1, 11B-2, and 11B-3. Also complete the "Certified Laboratory" table in Item 14 below.

Date of Sampling

Stormwater Outfall or DANS Number: _____ (from Item 4)

Time @ Beginning of Discharge_____
Time of Sampling_____
Rainfall at the Time of Sampling (inches)**Table 11B-1****Provide the results of one analysis for every pollutant in this table.**

Pollutant	Grab Sample Analysis	Sources of Pollutants
Biochemical Oxygen Demand (BOD ₅)	mg/L	
Chemical Oxygen Demand (COD)	mg/L	
Total Suspended Solids (TSS)	mg/L	
Total Kjeldahl Nitrogen (as N)	mg/L	
Nitrate plus Nitrite Nitrogen (as N)	mg/L	
Total Phosphorus (as P)	mg/L	
<input type="checkbox"/> Oil and Grease, or <input type="checkbox"/> Petroleum Hydrocarbons	mg/L	
pH	standard units	

Table 11B-2

List and provide the results of one analysis for every pollutant that is limited in an effluent guideline to which the facility is subject, and every pollutant specifically limited in the facility's NJPDES-DSW permit for its process wastewater (if the facility is operating under an existing NJPDES-DSW permit).

Pollutant (and, if available, CAS Number)	Grab Sample Analysis concentration (include units)	Sources of Pollutants

Note: Copy and Complete this Page for Every Stormwater Discharge Location

Facility Name:

Table 11B-3 List each pollutant shown in Appendix RF-2, RF-3, or RF-4 that you know or have reason to believe is present. In some instances, you are not required to analyze a sample for a pollutant you list (see instructions for details).

Stormwater Outfall or DANS Number: _____ (from Item 4)

☐ If you do not analyze a sample for certain Appendix RF-3 pollutants because you qualify as a "small business" (see instructions for details), check this box and attach sales data for the most recent three years.

[illegible]

Facility Name: _____

12. Toxic Pollutants

List below each toxic pollutant shown in Appendix RF-3 or RF-4 that is a substance or a component of a substance that you currently use or manufacture as an intermediate or final product or byproduct. Also list TCDD (2,3,7,8 tetrachlorodibenzo-p-dioxin) if appropriate (see instructions).

13. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (identify and describe the tests below) ☐ No (go to Item 14)

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Attach copies of the laboratory reports for the above described tests, if the test results were not previously submitted to the Department, and the tests were conducted in accordance with the laboratory certification regulations for biological testing, N.J.A.C. 7:18.

14. Certified Laboratory

Complete this table for all analyses reported in Item 11 or the Alternative Discharge Information Form (except for group application data submitted to USEPA).

Name of Certified Laboratory	Telephone Number	Certification Number	Pollutants or Pollutant Categories Analyzed

15. Certification by Applicant

For _____

Name of Applicant/Operating Entity (type or print)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

Name (type or print)	Title (type or print)	
Signature	Date	Phone